

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09780325

FILING DATE
2-12-01

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | | i | | | | |
| 3 | | i | | | | |
| 4 | | i | | | | |
| 5 | | i | | | | |
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| 15 | | i | | | | |
| 16 | | i | | | | |
| 17 | | i | | | | |
| 18 | | i | | | | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 20 | | | | | |
| TOTAL CLAIMS | 23 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY